

EXHIBIT B
MARKET RATE GNMA PROGRAM RESERVATION REQUEST

Lender's Entity Name: _____ Telephone: _____

Lender's Contact: _____ Fax Number: _____

Lender's Contact Email: _____

Mortgage Loan Amount: _____ Assistance Amount: _____

Purchase Price Amount: _____ Estimated Closing Date: _____

Interest Rate: _____ Term: _____ Loan Type: _____

Borrower Name(s):	Social Security Number(s):	Date of Birth:	Sex:	Race:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Credit Score: _____ Number in Household: _____ Ethnicity: _____

Marital Status: _____ Total Household Income: _____

Property Address: _____

City: _____ Parish: _____

Census Tract: _____ Unit(s): _____ Zip Code: _____

New: _____ Existing: _____ Building Type: _____ Year Built: _____

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION ABOVE IS CORRECT.

Date: _____ Preparer's Name: _____

Preparer's Title: _____

CONFIRMATION OF RESERVATION (For Agency Use Only)

Loan Number: _____ Loan Amount: _____ Assistance Amount: _____

LHC Authorized Signature: _____ Reservation Date: _____

LHC SINGLE FAMILY REQUIRED DOCUMENT AS OF 07/01/13